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Atty Docket No. 013132-003610US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Gregory W. Adams

Group Art Unit 3652

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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Pierre Astegno et al., Application No. 10/693,296, filed October 24, 2003 for METHOD AND DEVICE FOR CHANGING A SEMICONDUCTOR WAFER POSITION are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal-1 Page
2. Petition to Extend Time-In Duplicate
3. Amendment-18 Pages

Number of pages being transmitted, including this page: 22

Dated: Feb. 21, 2006


Patrick R. Jewik

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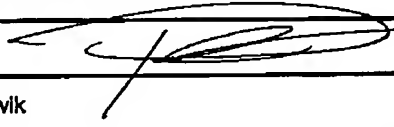
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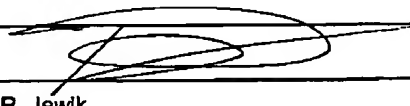
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PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/693,296
	Filing Date	October 24, 2003
	First Named Inventor	Astegno, Pierre
	Art Unit	3652
	Examiner Name	Gregory W. Adams
	Attorney Docket Number	013132-003610US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

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